

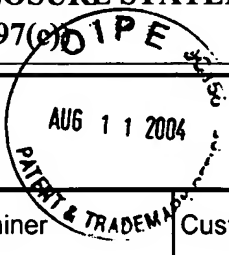
FFW

**TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT**

(Under 37 CFR 1.97(b) or 1.97(e))

Docket No.  
EMP-134US

In Re Application Of: **Forman**



Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/826,854	04/16/2004	Not Yet Known	24314	2859	2085

Title: **Double-Banded Vial for Use with Level**

Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**37 CFR 1.97(b)**

1. ☒ The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

**37 CFR 1.97(c)**

2. ☐ The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:
- ☐ the statement specified in 37 CFR 1.97(e);
- OR**
- ☐ the fee set forth in 37 CFR 1.17(p).

**TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT**  
(Under 37 CFR 1.97(b) or 1.97(c))

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AUG 11 2004

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10/826,854	04/16/2004	Not Yet Known	24314	2859	2085

**Double-Banded Vial for Use with Level**

**Payment of Fee**

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of \_\_\_\_\_ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. **10-0270** as described below.
- ☐ Charge the amount of \_\_\_\_\_
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.

**Certificate of Transmission by Facsimile\***

I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. \_\_\_\_\_)

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**Certificate of Mailing by First Class Mail**

I certify that this document and fee is being deposited on August 9, 2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*Chris Wipper*

Signature of Person Mailing Correspondence

Chris Wipper

Typed or Printed Name of Person Mailing Certificate

\*This certificate may only be used if paying by deposit account.

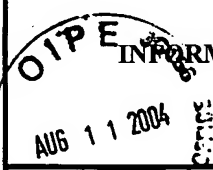
*James P. Delaney*

Signature

James P. Delaney, Reg. No. 45,578  
Jansson, Shupe & Munger, Ltd.  
245 Main Street  
Racine, WI 53403  
262/632-6900

Dated: August 9, 2004

CC:

<div style="text-align: center;">  <b>INFORMATION DISCLOSURE CITATION</b>  <i>(Use several sheets if necessary)</i> </div>	Docket Number (Optional) <b>EMP-134US</b>	Application Number <b>10/826,854</b>
	Applicant(s) <b>Forman</b>	
	Filing Date <b>April 16, 2004</b>	Group Art Unit <b>2859</b>

U.S. PATENT DOCUMENTS							
*EXAMINER INITIAL	REF	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
		1,082,163	12/23/1913	Lung			
		5,207,004	05/04/1993	Gruetzmacher			
		5,414,937	05/16/1995	Denley			
		5,749,152	05/12/1998	Goss et al.			
		6,546,638	04/15/2003	Beyer			

U.S. PATENT APPLICATION PUBLICATIONS							
*EXAMINER INITIAL	REF	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE

FOREIGN PATENT DOCUMENTS								
	REF	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	Translation	
							YES	NO

OTHER DOCUMENTS	<i>(Including Author, Title, Date, Pertinent Pages, Etc.)</i>

EXAMINER	DATE CONSIDERED
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**EXAMINER:** Initial if citation considered, whether or not citation is in conformance with MPEP Section 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.